

Washington, DC

~ 109

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL					
OMB Number: 3235-0076 Expires: September 30, 2008 Estimated average burden hours per form 16.00						
SEC US	SEC USE ONLY					
Prefix	Serial					
ı	l					
DATE RECEIVED						
I	I					

D

Ę

					L		
Name of Offering Limited partnership	(check if this is an ar		nas changed, and i	ndicate change.)			
Filing Under (Check I		☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4	l(6) □ ULC	DE
Type of Filing:	New Filing	☐ Amendment			ÞI		·cn
		A. BASIC	DENTIFICAT	ION DATA		(OCE00	שי
Enter the inform	ation requested about the	issuer			K	SEP 1920	08
Name of Issuer	check if this is an am	endment and name h	as changed, and in	dicate change.	Tio	110000	· •
Adverse Alpha Fund	d, L.P.				IHU	MSON REL	JTERS
Address of Executive	Offices		(Number and Stree	et, City, State, Zip Co			luding Area Code)
c/o NorCap Investm 75240	ent Management, L.P., T	wo Lincoln Center, !	-	•	(070) 70	1-8815	
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Co	de) Telept		
(if different from Exec	cutive Offices)					(1000) 10101 (1010) 6010	PINTE WHIE CORES SILING PAGE CORE
Brief Description of B	usiness: Private Inv	estment Company					
Type of Business Org	ganization					ARO	59259
	☐ corporation	🛛 limited p	artnership, already	formed	other (pi	000	09203
[☐ business trust	limited p	artnership, to be fo	med			
	Date of Incorporation or Or or Organization: (I		Month 1 2 Postal Service Abbre	Year 0 eviation for State;		☑ Actual	☐ Estimated

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):	NorCap Management	i, L.P.						
Business or Residence Adda Freeway, Suite 525, Dallas		Street, City, State, Zip Cod	e): c/o NorCap Investi	ment Managemer	it, L.P., Two Lincoln Center, 5420 LBJ				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Investment Manager				
Full Name (Last name first, i	f individual):	NorCap Investment N	lanagement, L.P.	···					
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): Two Lincoln Cente	er, 5420 LBJ Free	way, Suite 525, Dallas TX 75240				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):	Norcom, David R.							
Business or Residence Addi Freeway, Suite 525, Dallas		Street, City, State, Zip Cod	e): c/o NorCap Invest	ment Managemen	it, L.P., Two Lincoln Center, 5420 LBJ				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):	Dodson, Ronald D.							
Business or Residence Addi Freeway, Suite 525, Dallas		Street, City, State, Zip Cod	e): c/o NorCap Investi	ment Managemen	ıt, L.P., Two Lincoln Center, 5420 LBJ				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual):	Baggett, Carl Y.							
Business or Residence Addr Freeway, Suite 525, Dallas		Street, City, State, Zip Cod	e): c/o NorCap Investi	ment Managemen	ıt, L.P., Two Lincoln Center, 5420 LBJ				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):	Annandale Partners,	L.P.						
Business or Residence Addr Freeway, Suite 525, Dallas		Street, City, State, Zip Cod	e): c/o NorCap Investr	ment Managemen	ıt, L.P., Two Lincoln Center, 5420 LBJ				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual):								
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	e):						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):								
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. H	as the issue	r sold, or o	does the is	suer inten				estors in th lumn 2, if f				☐ Yes	⊠ No
2. V	hat is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?					\$1,	000,000*
							•	General F	artner ma	y accept i	nvestment	s in a lesser	amount at its discretion
3. [oes the offe	ring permi	t joint own	ership of a	single uni	t?						Yes	□ No
	nter the info ny commissi												
c	ffering. If a p nd/or with a ssociated pe	person to I state or st	be listed is ates, list th	an associ ne name of	ated person the broke	n or agen r or dealer	t of a broker. If more t	er or deale han five (5	r registere i) persons	d with the to be liste	SEC d are		
	ame (Last na				or, you ma	, J 001 101 11	110 1110111	idion for a	ICI DIONOI	or doctor.	J. 11 J. 1		
Busine	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associate	ed Broker o	or Dealer										
	in Which Pe Check "All Si												☐ All States
☐ [Al] 🔲 [AK]	□ [AZ]	☐ [AR]	☐ [CA]	[CO]		[DE]		□ [FL]	☐ [GA]	[HI]	□ [ID]	
	□ {IN]	□ [IA]	□ [KS]	□ (KY)	☐ [LA]	[ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [M]	[NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]			[OH]		□ (OR)	□ [PA]	
☐ (RI		☐ [SD]			[עד]	□ [VT]	□ [VA]	□ [WA]	[M∧]	[WI]		□ [PR]	
Full N	ame (Last na	me first, if	individual)									
Busine	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)				.,		
Name	of Associate	d Broker o	or Dealer						-				
	in Which Pe Check "All St												☐ All States
[Al		☐ [AZ]			[CO]					☐ [GA]	□ [HI]	[ID]	_
	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	[ME]	[MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
□ [M]	[NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	☐ [NY]	☐ [NC]	□ [ND]		□ [OK]	□ [OR]	□ [PA]	
☐ [RI	□ [SC]	☐ [SD]		□ [TX]	□ [UT]	[VT]	□ [VA]	□ [WA]		□ [WI]	□ [WY]	□ (PR)	
Full N	ame (Last na	ırne first, if	individual)									
Busine	ess or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)				 		
Name	of Associate	d Broker o	or Dealer										
	in Which Pe Check "All St												☐ All States
,, [Al	_				s)[CO]			☐ [DC]	☐ (FL)	☐ [GA]	[HI]	[iD]	/ W Claids
 [IL]		(IA)	[KS]	[KY]	☐ [LA]		[MD]		 ☐ [MI]	☐ [MN]	[MS]	☐ [MO]	
□ [M ⁻		[NV]	☐ [NH]		☐ [NM]			☐ [ND]			□ [OR]	☐ [PA]	
☐ [RI	□ [SC]	☐ [SD]	[NT]	□ [TX]				□ [WA]	□ [wv]	□ [Wi]	□ [WY]	□ [PR]	

B. INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate **Amount Already** Type of Security Offering Price Sold Debt......\$ ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests......\$ 100,000,000 4,457,940)......**\$** Other (Specify) ___ 100,000,000 4,457,940 Total..... \$ Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors 4,457,940 N/A \$ N/A Non-accredited Investors N/A \$ N/A Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Types of **Dollar Amount** Type of Offering Security Sold Rule 505 N/A N/A N/A Regulation A..... Rule 504 N/A N/A Total..... N/A N/A \$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs. Legal Fees..... 9,234

Total 🔀

Other Expenses (identify) ___

_____)......

9,234

	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXP	ENSES	AND U	SE OF	PRU	CEED	S		
4	b. Enter the difference between the aggregate Question 1 and total expenses furnished in respo "adjusted gross proceeds to the issuer."	nse to Part C-Question 4.a. This difference	\$ 99,990,766							
5	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amo estimate and check the box to the left of the estin the adjusted gross proceeds to the issuer set fort	unt for any purpose is not known, furnis nate. The total of the payments listed m	h an ust equal	Р	ayments Officers, Directors Affiliates	.		Payments to Others		
	Salaries and fees			\$				\$		
	Purchase of real estate			\$				<u>\$</u>		
	Purchase, rental or leasing and installatio	n of machinery and equipment		\$				\$		
	Construction or leasing of plant buildings	and facilities		\$	_			\$		
	Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger	the assets or securities of another issue	er 🔲	\$. 🗆	\$		
	Repayment of indebtedness			\$				\$		
	Working capital			\$				\$ 99,990,766		
	Other (specify):			\$				\$		
				\$				\$		
	Column Totals			\$			IZI .	\$99,990,766		
	Total payments Listed (column totals add	ed)				\$	99,	990,766		
		D. FEDERAL SIGNATU	RE							
CO	is issuer has duly caused this notice to be signed to institutes an undertaking by the issuer to furnish to the issuer to any non-accredited investor pursuant	the U.S. Securities and Exchange Comi	on. If this mission, u	notice is f pon writter	iled unde n request	r Rule t of its	505, the	e following signature information furnished		
lss	suer (Print or Type)	Signature				Da	ate			
	iverse Alpha Fund, L.P.	CM 12 per					4-1	h-08		
	ame of Signer (Print or Type) arl Y. Baggett	Authorized person of NorCa	Title of Signer (Print of Type) Authorized person of NorCap Advisors, LLC the general partner of NorCap Management, L.P. its general partner							

ATTENTION

	•	E. STATE SIGNATURE	-				
1.		62 presently subject to any of the disqualification	Yes 🛛 No				
		See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby underta	akes to furnish to the state administrators, upon written request, i	nformation furnished by the issuer to offerees.				
4.		t the issuer is familiar with the conditions that must be satisfied to n this notice is filed and understands that the issuer claiming the a ve been satisfied.					
	suer has read this notification and knows trized person.	he contents to be true and has duly caused this notice to be signe	ed on its behalf by the undersigned duly				
Issuer	(Print or Type)	Signature	Date ,				
Adver	se Alpha Fund, L.P.	1 1 Sudden	4-16-08				
Name	of Signer (Print or Type)	Title of Signer (Print or Type)	Title of Signer (Print or Type)				
Carl Y	'. Baggett	Authorized person of NorCap Advisors, LLC the	Authorized person of NorCap Advisors, LLC the general partner of NorCap Management,				
		L.P. its general partner	L.P. its general partner				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		,		APF	PENDIX					
1	.	2	3		•	4		5		
	Intend to sell to non-accredited investors in State (Part 8 – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		(if yes, explana	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ	-							:		
AR										
CA										
со										
СТ		Х	\$100,000,000	1	\$100,000	0	\$0		х	
DE										
DC										
FL							-			
GA										
н										
ID										
IL										
IN				_				•		
IA		"								
KS										
KY										
LA										
ME										
MD										
МА										
МІ										
MN										
MS										
МО		Х	\$100,000,000	1	\$700,000	0	\$0		х	
мт										
NE										
NV										
NH										
NJ										
NM				,						

	,	•		APF	PENDIX					
1	2	2	3		4					
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY						-				
NC										
ND										
ОН										
ок_					<u> </u>					
OR	<u> </u>							<u> </u>		
PA									<u> </u>	
RI					<u>.</u>				<u> </u>	
sc	<u> </u>									
\$D							<u>-</u>		ļ	
TN			\$100,000,000	5	\$3,557,940	0	\$0		x	
TX UT	X		\$100,000,000	J	——————————————————————————————————————			<u> </u>	 ^	
VA										
WA				·						
wv										
WI										
WY	х		\$100,000,000	1	\$100,000	0	\$0		х	
PR										

